



Elsa Police Department

Teen Life Skills Program Application

Thank you for your interest in the Teen Life Skills Program! Please complete this application and return it by **May 30, 2025**. This program is open to all high school students.

Applicant Information

Full Name: _____
Date of Birth: _____
Age: _____
Grade Level: _____
School Name: _____
Home Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____

Parent/Guardian Information

Parent/Guardian Name: _____
Phone Number: _____
Email Address: _____
Emergency Contact (if different from above):
Name: _____
Phone Number: _____
Relationship: _____

Consent & Agreement

By signing below, I agree to participate in the Teen Life Skills Program hosted by the Elsa Police Department. I understand that I am expected to attend all sessions, participate actively, and conduct myself respectfully. I also grant permission for photos/videos to be taken for promotional purposes.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For questions, please contact: **Cristina Martinez at 956-262-4721**
Return completed applications to: 216 E. 4th. St., Elsa, TX. 78543 or cmartinez@cityofelsa.net

Chief of Police ~ Robert McGinnis, CPM
216 E. 4th. Street / P.O. Box 427 ~ Elsa, TX. 78543
Phone: 956.262.4721 ~ Fax: 956.262.2632